



Certification of Zero Income

Complete a separate form for each household member who is age 18 or older and has reported no income or sporadic income.

Resident Name:	Effective Date:
Development Name:	Unit Number:

Yes	No	COMPLETE EACH ITEM:
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1			Have you been employed in the last 12 months? If yes, what is the income earned in the last 12 months: \$ _____
2			Do you expect to be employed at all in the next 12 months? If yes, what is the amount expected to be earned in the next 12 months: \$ _____
3			Do you pay rent? If yes, how do you plan to pay rent for the next 12 months? _____
4			Do you ever perform odd jobs such as construction jobs, field work, babysitting, seamstress work, preparation of meals, etc? If yes, what is the income earned in the last 12 months: \$ _____
5			Do you have money deposited in any bank?
6			Do you have recurring monthly or quarterly medical expenses such as prescriptions, routine medical care, etc? If so, how do you pay the monthly balance? _____
7			Does any person provide you with money, on a regular basis, to pay for rent, meals, child care, utilities, automobiles or any other regular expense? If so, What kind of help? _____ How often? _____ Total financial assistance to be provided in next 12 months: \$ _____
8			It is required that you maintain all required utilities when occupying the unit. In the past months did you pay any of the following? Rent? _____ How much for last month rent? \$ _____ Paid by? _____ Electricity? _____ How much for the last electricity bill? \$ _____ Paid by? _____ Gas? _____ How much for the last gas bill? \$ _____ Paid by? _____ Telephone/Cell phone? _____ How much for the last bill? \$ _____ Paid by? _____ Cable/Satellite/Internet? _____ How much for the last Cable/Satellite/Internet? \$ _____ Paid by? _____
9			If you have a car, the registration and insurance must be maintained. Do you have a car? If yes, What is the monthly car payment? \$ _____ How do you pay the car payment? _____ How much was your car registration last year \$ _____ How will you pay for annual registration? _____

	Yes	No	COMPLETE EACH ITEM:
			How much is your annual automobile insurance \$ _____ How will you pay for the automobile insurance? _____ How do you pay for gas and maintenance _____
10			If you do not have a car, do you have another form of transportation? If yes, what is your form of transportation? _____
11			It is required that you maintain the unit in a decent, safe and sanitary manner. Do you purchase supplies necessary to maintain the unit? (i.e. dishwashing liquid, cleaning supplies, etc.) If yes, how will you pay for these supplies? _____
12			Do you purchase food? If yes, how do you pay for food? \$ _____
13			Do you have a washer and dryer? If no, how do you pay for laundromat expenses? _____
14			Do you have a pet or an assistance animal? If so, how do you pay for food, veterinary expenses and supplies? _____

12 Month Expense Summary For Applicants/Residents Claiming Zero Or Very Low Income

Please provide income information for the past 12 months starting with the current month and working backward.

Expense	Your average monthly expenses for the last 12 months
Apparel & Services	
Food and Expenses	
Housekeeping Supplies – the average monthly cost of household goods and cleaning supplies such as paper napkins, toilet paper, paper towels, trash bags, laundry detergent, etc.	
Miscellaneous – Average monthly cost of all other living expenses that do not fall within the categories of food, housekeeping, personal care, transportation and utilities.	
Personal Care Products and Services – personal grooming products such as soap, deodorant, shampoo, toothbrushes, toothpaste, barber shop visits, etc.	

12 MONTH INCOME REPORT FOR APPLICANTS/RESIDENTS CLAIMING ZERO OR VERY LOW INCOME

Please provide income information for the past 12 months starting with the current month and working backward.

Month	Source of Income (i.g. Employer, ADC,	Amount of Income (Gross Amount) Self Emp., Family, Etc.)	If Stopped, Why?

I ☐ Did ☐ Did Not File A Federal Income Tax Report Last Year. If you did file a federal tax return last year, please provide the owner/agent with a copy.

Under penalties of perjury, I certify that the information presented in this certification is true and accurate to the best of my (our) knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. I will notify the Resident Manager when circumstances change, for possible recertification. False, misleading or incomplete information may result in the termination of the lease agreement and/or benefits.

Applicant / Tenant Signature

Date